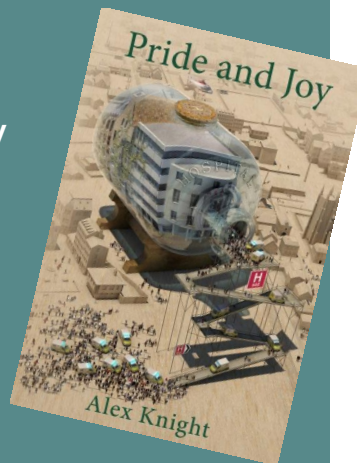
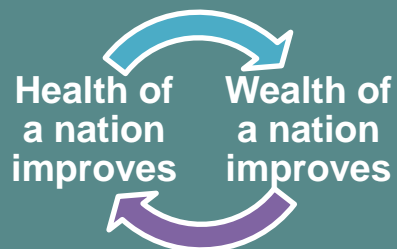


ACHIEVING A BREAKTHROUGH IN THE QUALITY, SAFETY, TIMELINESS AND AFFORDABILITY OF CARE

Alex Knight,
Author of *Pride and Joy*

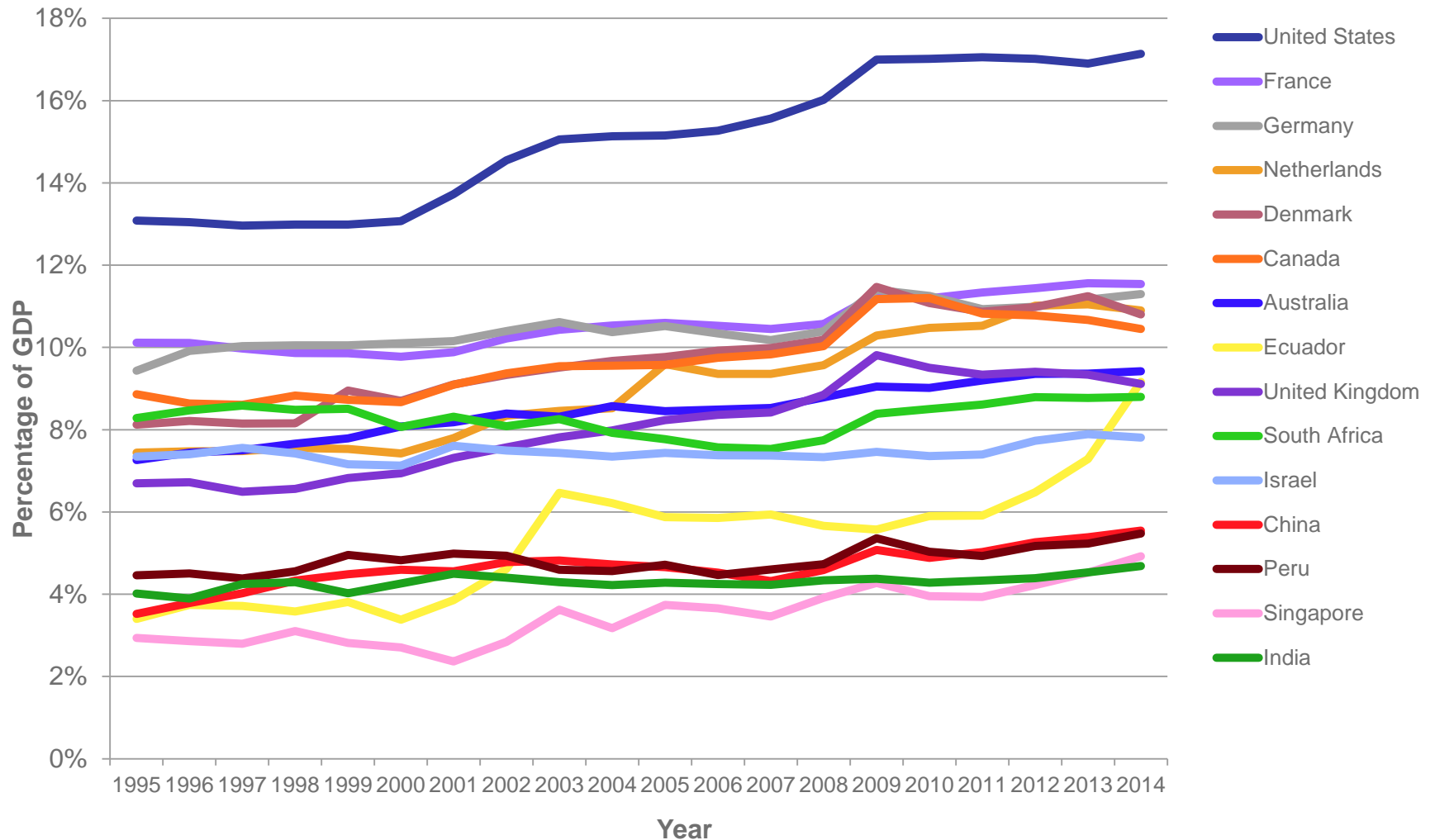
September 7-8, 2017



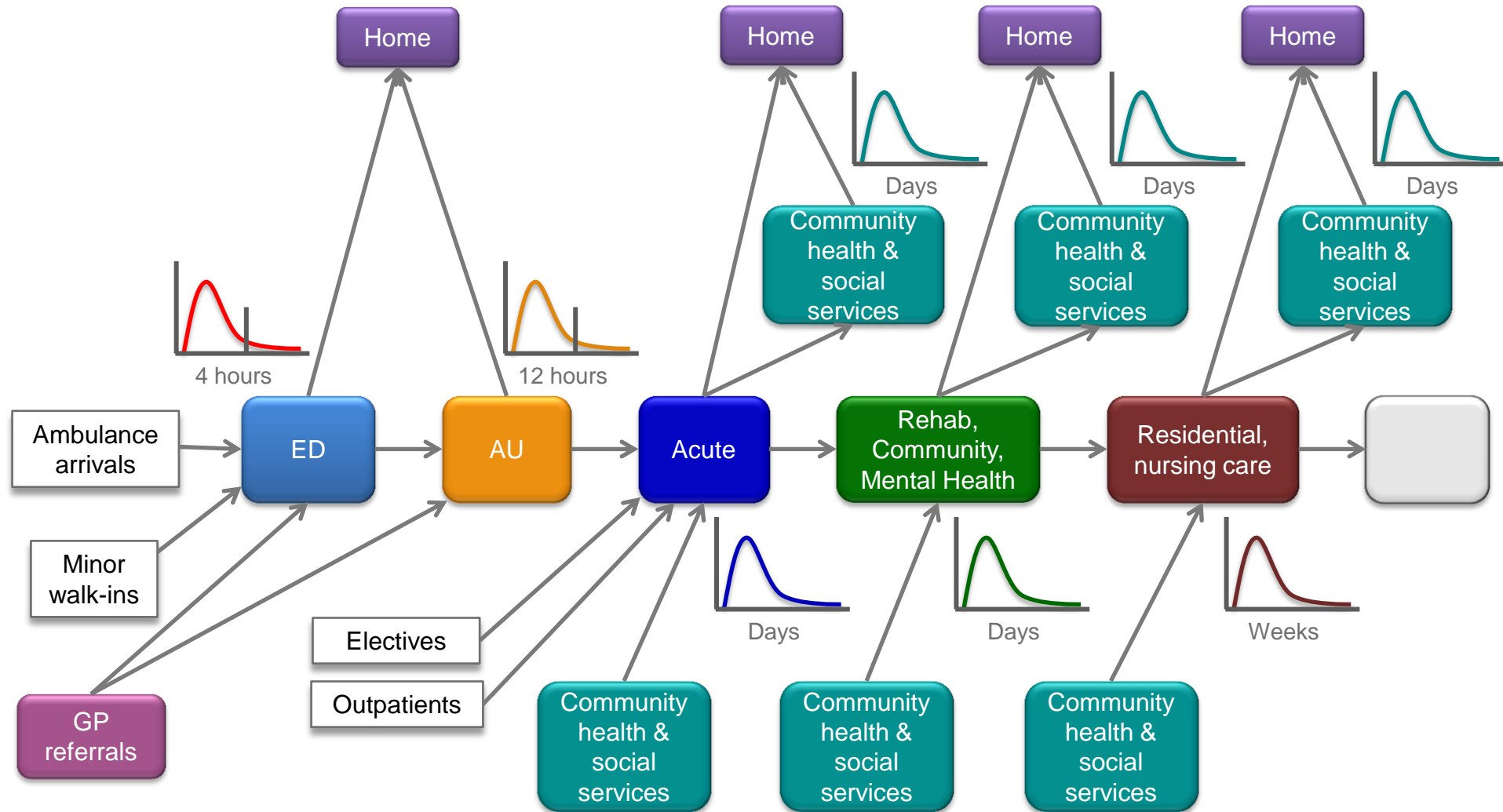
PRESENT: BUILDING ON SUCCESS 2017

**BREAKTHROUGH RESULTS
FOR GOVERNMENT AND
BUSINESS**

Healthcare spend as a percentage of GDP



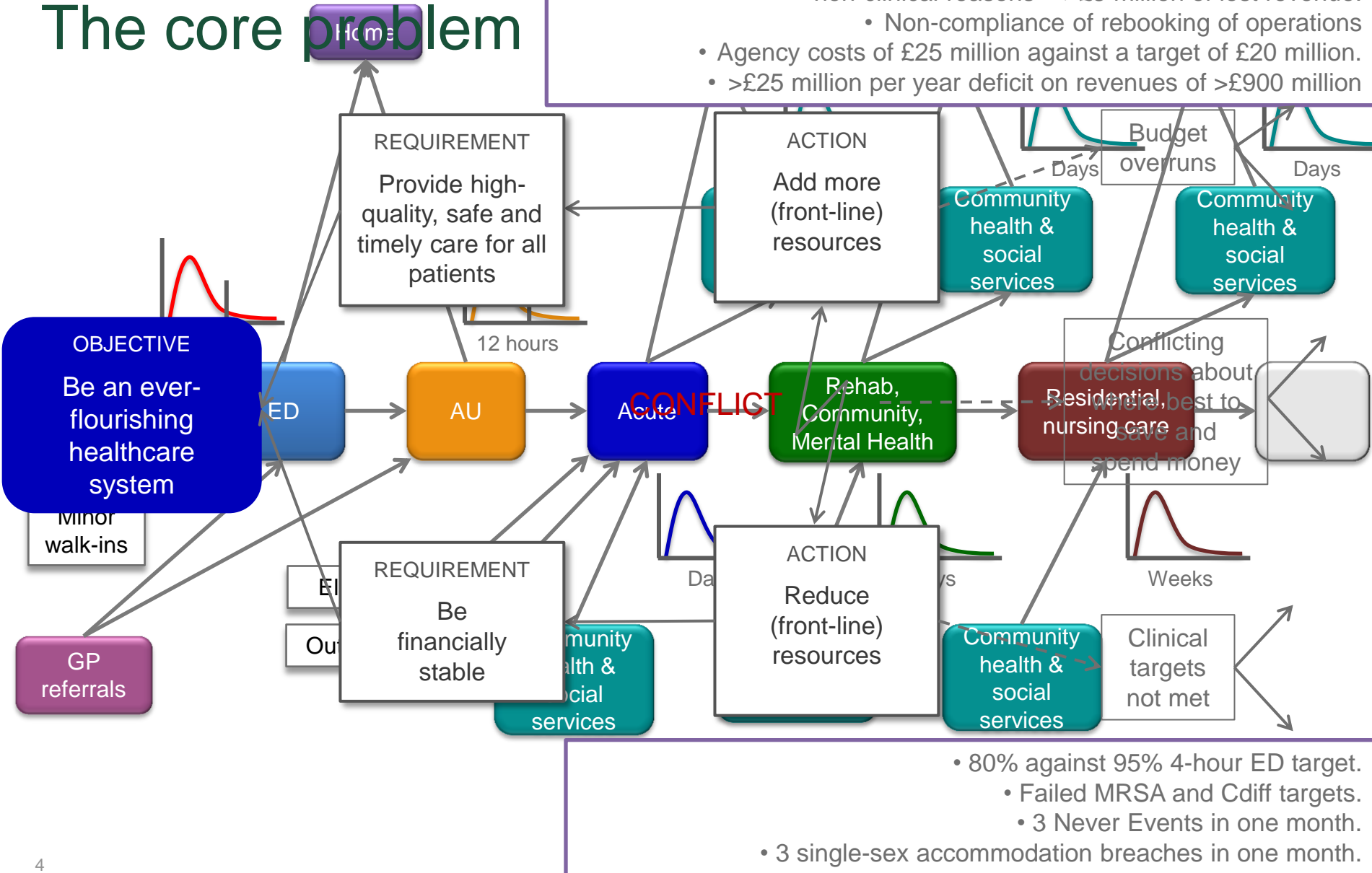
Source: www.data.worldbank.org



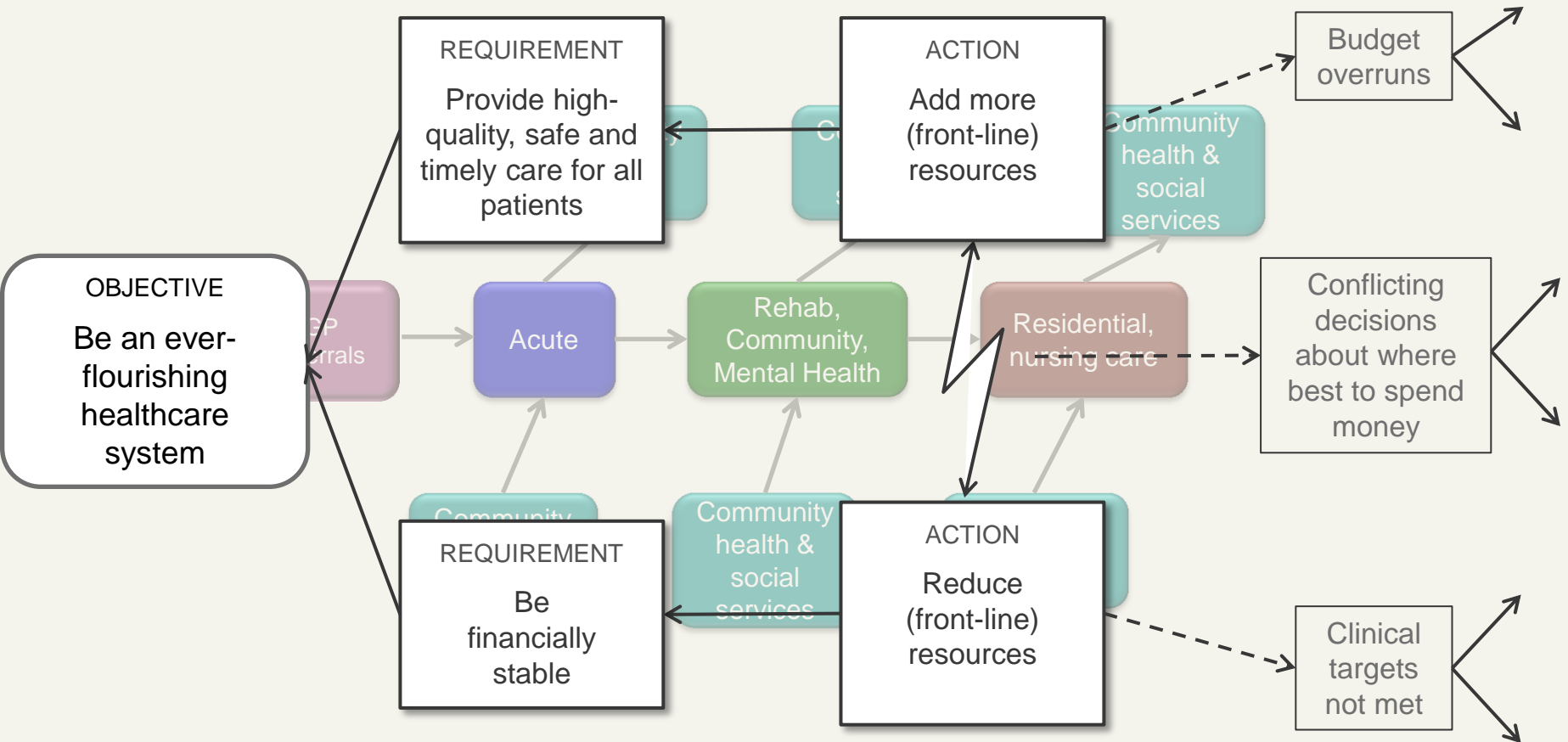
The core problem

A health and social care system

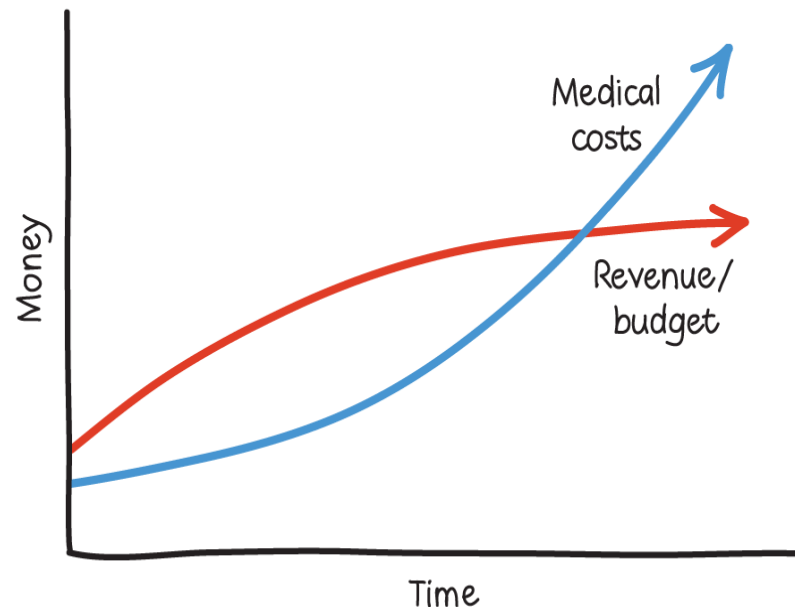
- >1500 cancelled operations per year on the day for non-clinical reasons = >£3 million of lost revenue.
 - Non-compliance of rebooking of operations
- Agency costs of £25 million against a target of £20 million.
- >£25 million per year deficit on revenues of >£900 million



The core problem



Why is this important situation becoming increasingly urgent?



It is important to notice that the cause of this problem cannot be simply placed at the feet of the people running the system.

'The core problem of healthcare', Dr Eliyahu M. Goldratt, www.toc.tv. See *Pride and Joy*, pages 63-64.

Criteria against which a solution should be judged

Any solution must *simultaneously*:

- create an ever-flourishing health and social care system
- rapidly improve the quality, safety and timeliness of health and social care
- rapidly improve the affordability of health and social care
- all without creating more complexity for staff.

Results achieved from a recent implementation

"I would like to confirm the positive impact that Pride and Joy has made on a care of the elderly ward at my hospital. It is an amazing approach that helps clinicians target resources in the correct direction and decrease the length of stay."
Dr Henry Joel Aldoradin-Cabeza, Consultant Geriatrician, Care of the Elderly



Mark Brassington
Chief Operating Officer



“



Mark Brassington, COO,
England



Dr Ruth Vander Stelt,
Canada



Sister Becky Tomlin,
England

Our pilot project has started on one unit and in a month's time we start the plan to spread across the whole hospital. So far we have taken our average length of stay from 4.9 to 3.9 days – a whole day less. It's huge! Vinny Monteiro, Project Manager, Operational Excellence, USA

The Pride & Joy system and approach has helped one of our most challenged hospitals make substantial improvements in length of stay, associated flow and overall bed occupancy. At a time when cost, quality and performance are all competing for our time and effort, the Pride & Joy approach has enabled us to deliver benefits that achieve all of these ends. Simon Evans, Director of Operations, Acute Trust, England

I have great pleasure in confirming the huge impact Pride and Joy made on this hospital site. The Length of Stay is consistently below 8 days. More importantly for this hospital, it helped clinicians to target the resources in the correct direction. The data collection and analysis is commendable. Mr Prabhakar Motkur, Clinical Director and Orthopaedic Surgeon, England

We have reduced our length of stay from 14 to 11.5 days in a period where the social problems are growing and it is more difficult to discharge patients. Our quality of care has improved. Dr Sofia Zubiaga L, Consultant Geriatrician, Care of the Elderley, England

“



Mark Brassington, COO,
England

“Since the Pride and Joy approach started it has made us work more efficiently and in partnership. It definitively has had an impact in the care of the patient. We have reduced our length of stay and this not only has an economical impact but it also reduces the risks for hospital acquired infections, delirium and in-patient falls. It has also had an impact in the work of junior doctors so they can set up priorities for their daily jobs. Pride and Joy is now totally integrated in our daily routine. In my opinion, the keys of the success are increased awareness and team work. Gudrid A. Castejon Morales, Consultant Geriatrician-Care of the Elderly.



Dr Ruth Vander Stelt,
Canada

Since the introduction of Pride and Joy on PICU ward I have noticed a marked improvement in the patients Pathway. I am very impressed that in six weeks there has been such a marked improvement in the patient pathway and discharge planning. Clare Walsh, Inpatient Mental Health Ward Manager, England



Sister Becky Tomlin,
England

NHS Improvement, Midlands and East region see great value in the Theory of Constraints and the impact it can have on improving hospital flow and is pleased to see the Pride and Joy approach being used by frontline teams and being tested in Boston. Ian Hall, Head of Performance Improvement, NHSI, Midlands and East, England

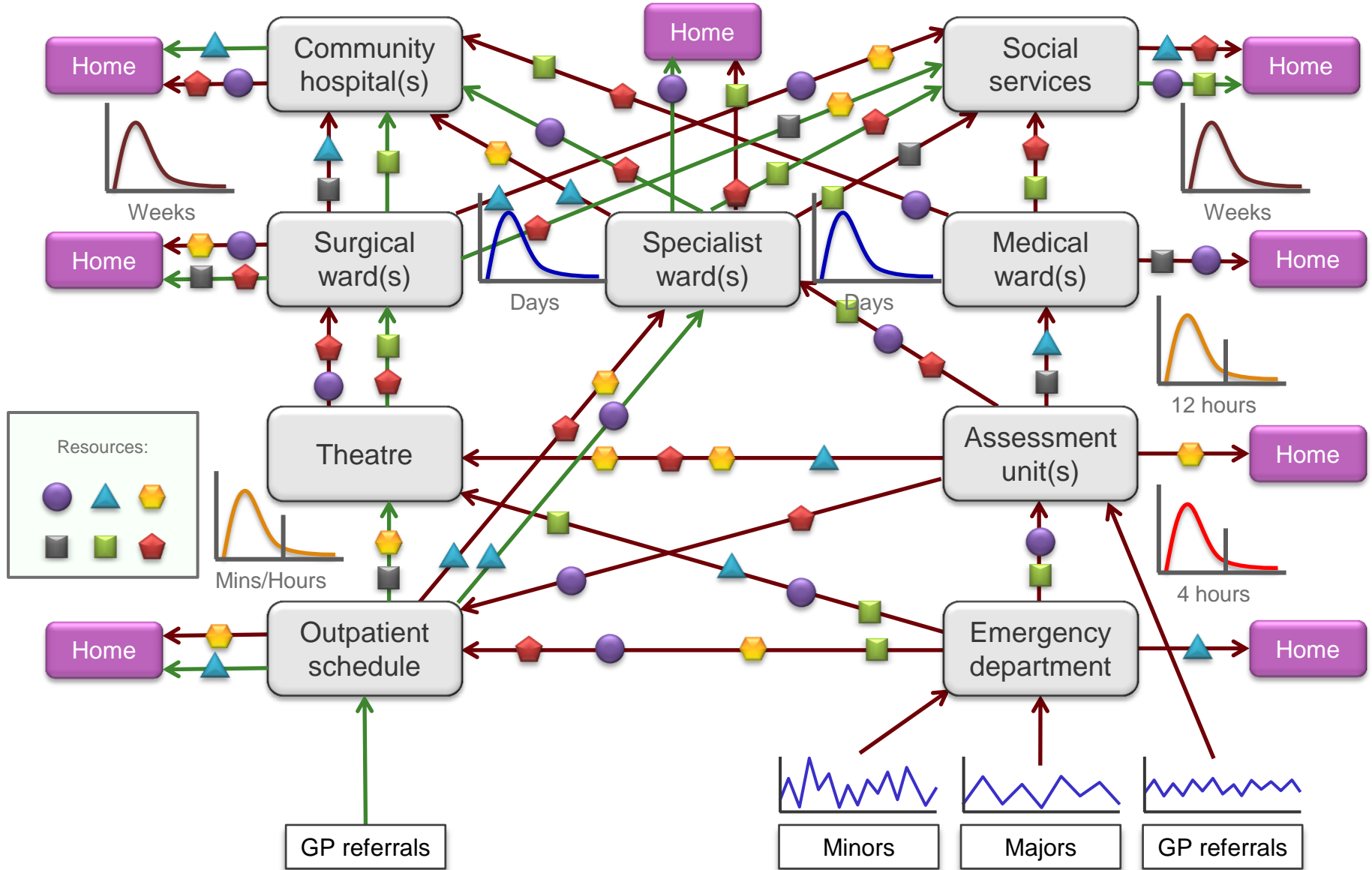
The use of the software as both a tool for patient flow management and also service improvement has been a revelation, enabling a better site overview for all patients and enabling priorities needed to improve patient care. Wesley Pepperdine, Acute Trust Project Manager, England

The process has assisted us to change practice and improve relationships across the health economy. I would recommend any mental health organisation to consider implementing Pride and Joy. Jackie Liveras, Deputy COO, Mental Health, England

Results achieved from implementing the Pride and Joy approach

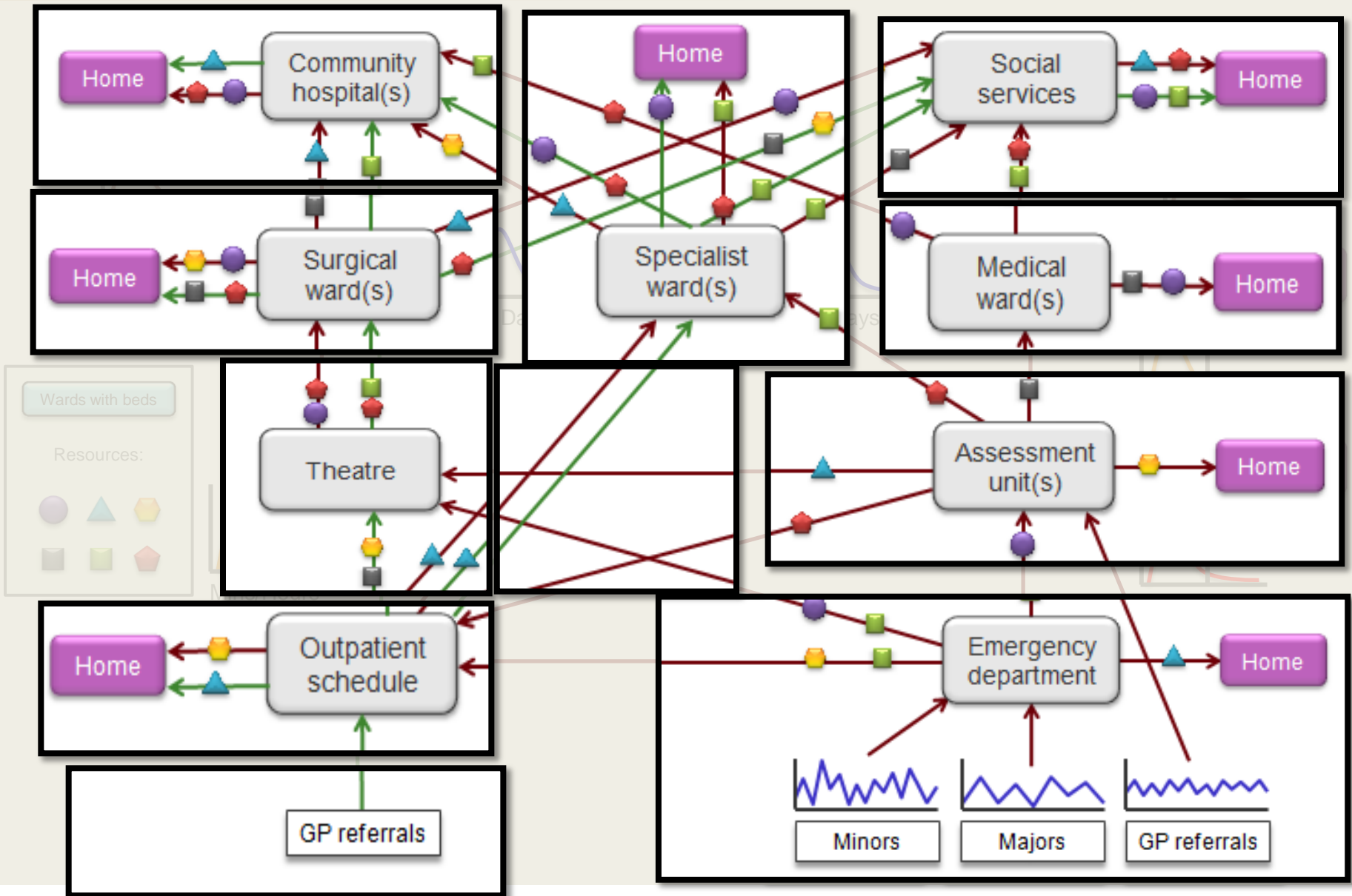
- The approach has now been validated in acute, community and mental health environments in the UK, Canada, USA and elsewhere regularly delivering length of stay reductions of between 20% and 50%.
- This has resulted in increased patient throughput, improved productivity and asset utilization across the whole health and social care system and a reduction in unnecessary costs.
- Strong support from both clinicians and managers from around the world verifying simultaneous improvements in the quality, safety, timeliness and affordability of care.
- Just as important, it has brought pride and joy back into the people delivering the front-line care.

How can this be so?





Error #1: The common way to deal with complex systems is to dissect them into sub-systems and try to manage and improve in isolation each function or 'link in the chain'





Error #2: The common way to manage or improve patient flow is to attempt to balance capacity with demand

In goal-oriented systems of dependent activities each experiencing variation (such as health and social care) there will be, in fact, only a few places limiting the performance of the *entire* system: the system 'constraints'.

The Five Focusing Steps

- Step 1: Identify the system's constraint(s)
 - Step 2: Decide how to exploit the system's constraint(s)
 - Step 3: Subordinate everything else to the above decision(s)
 - Step 4: Elevate the system's constraint(s)
 - Step 5: Go back to Step 1.
- Warning: do not allow inertia to cause a system's constraint.

The four critical patient flow questions

Of all the patients I could work on next, which one should I work on next?

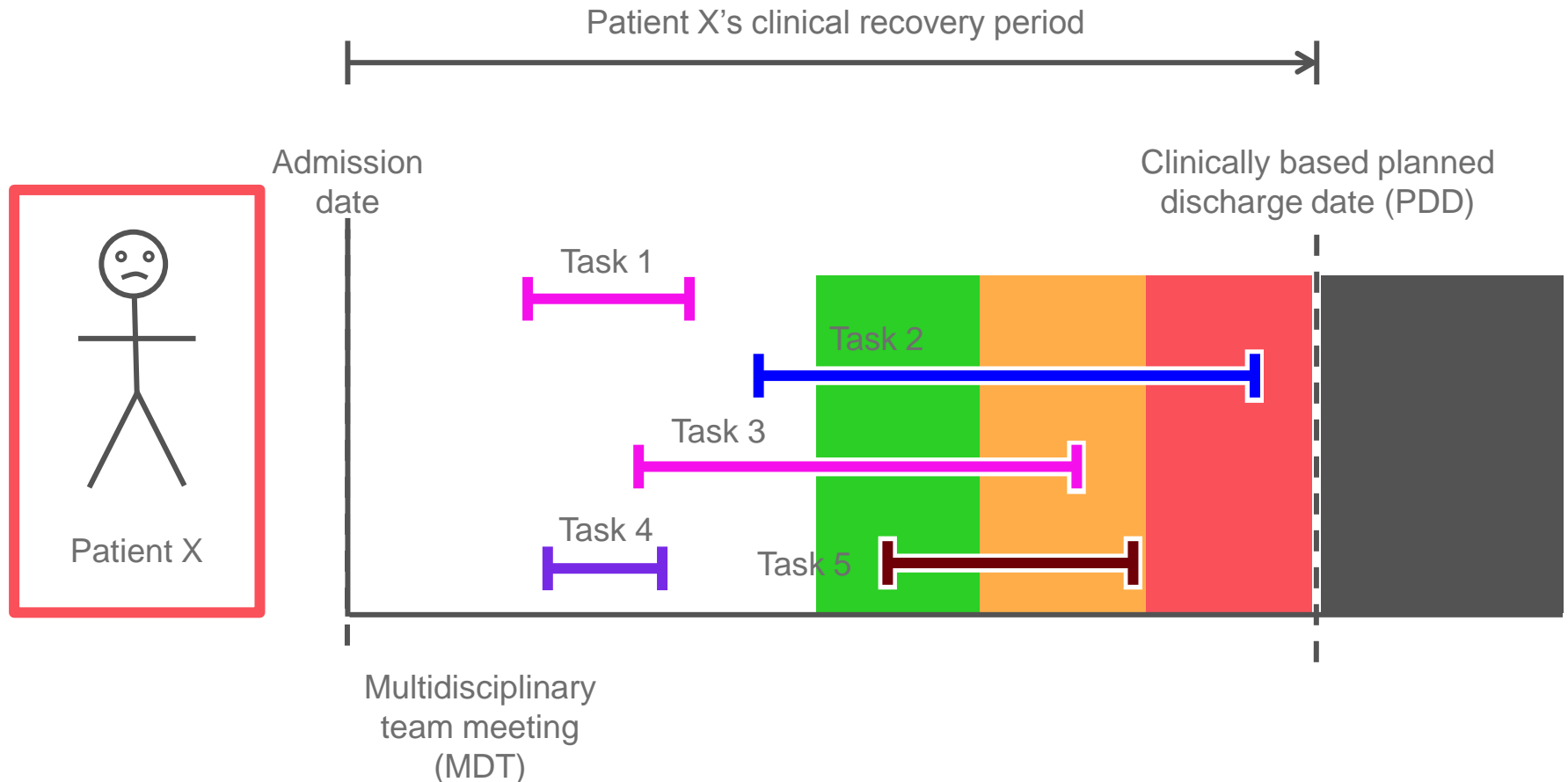
Of all the things I could improve, which one should I improve first?

What capacity is actually needed and where by time of day and day of the week now and into the future?

What is the impact on quality, safety, timeliness and affordability of care under various '*What if*' scenarios?

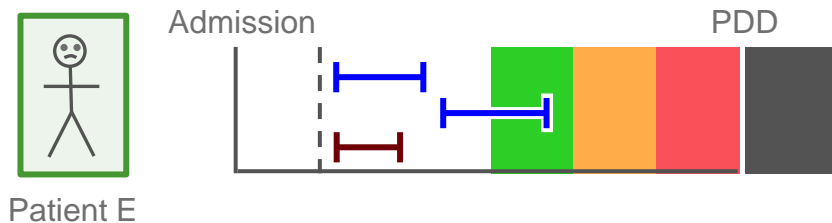
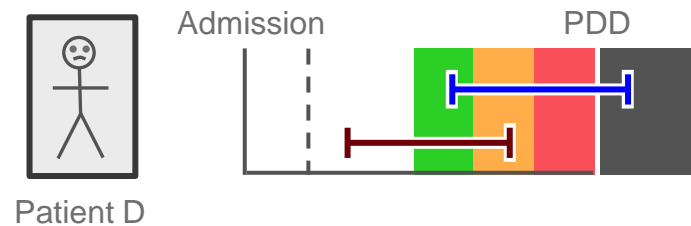
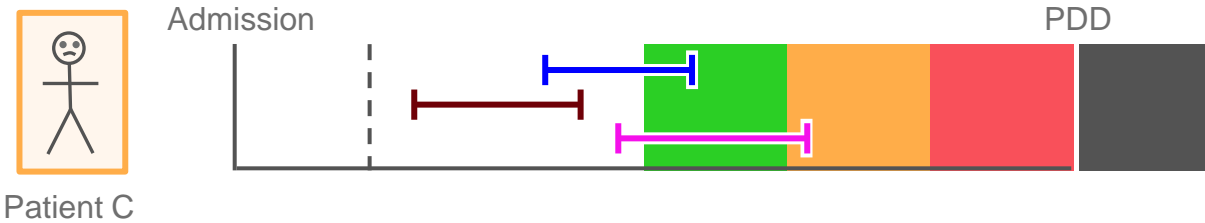
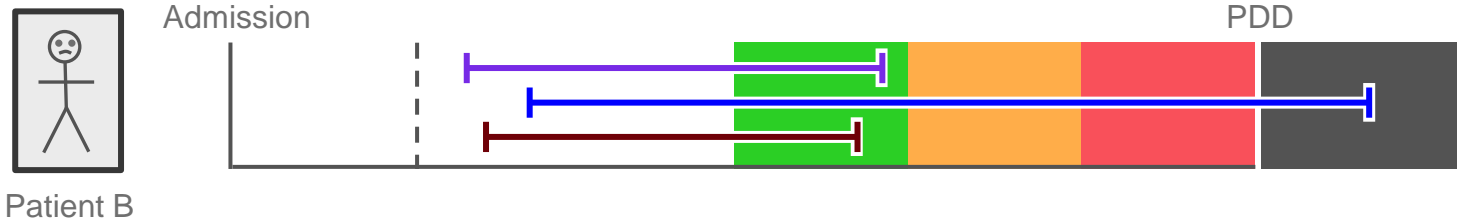
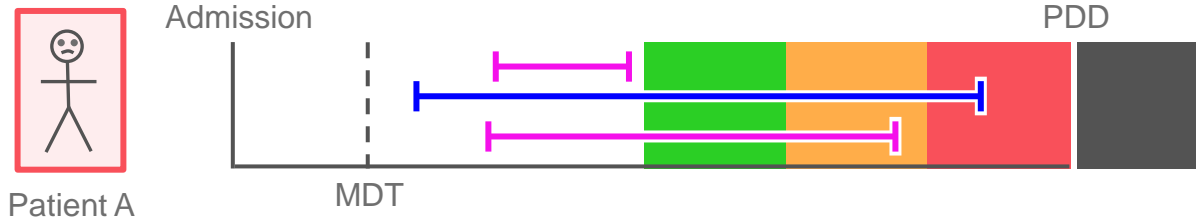


Error #3: In these environments identifying limitations to patient flow (the constraints) through comparing predicted load against available capacity is flawed



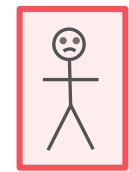
Patient X is in the red zone, caused by the estimated end date of Task 2, for which the blue resource is responsible. However we can analyse the variation in task duration start and completion.

Time

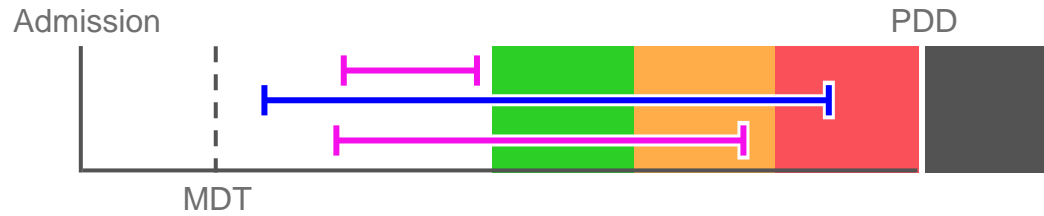


The evidence shows that the blue resource is causing most risk of delay to most patients most of the time.

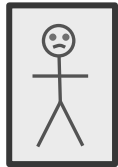
Time



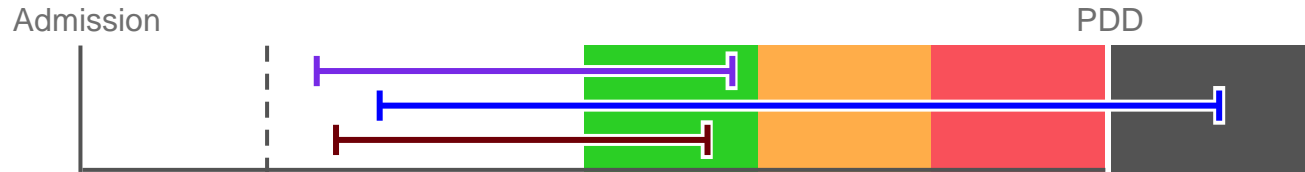
Patient A



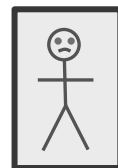
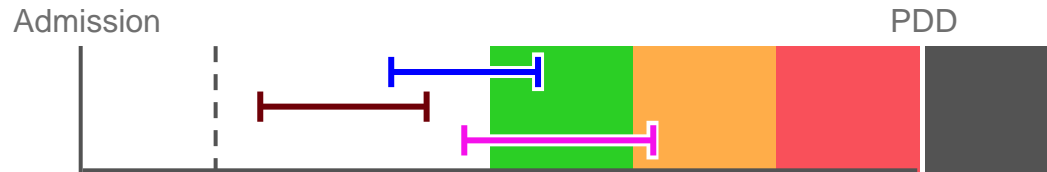
Resources will be synchronised as they work on patients in PDD order.



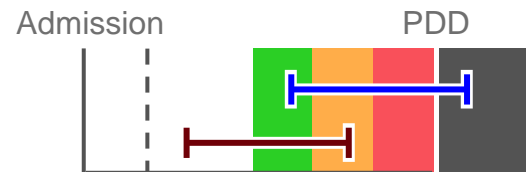
Patient B



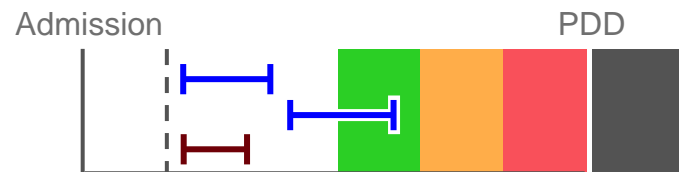
Patient C

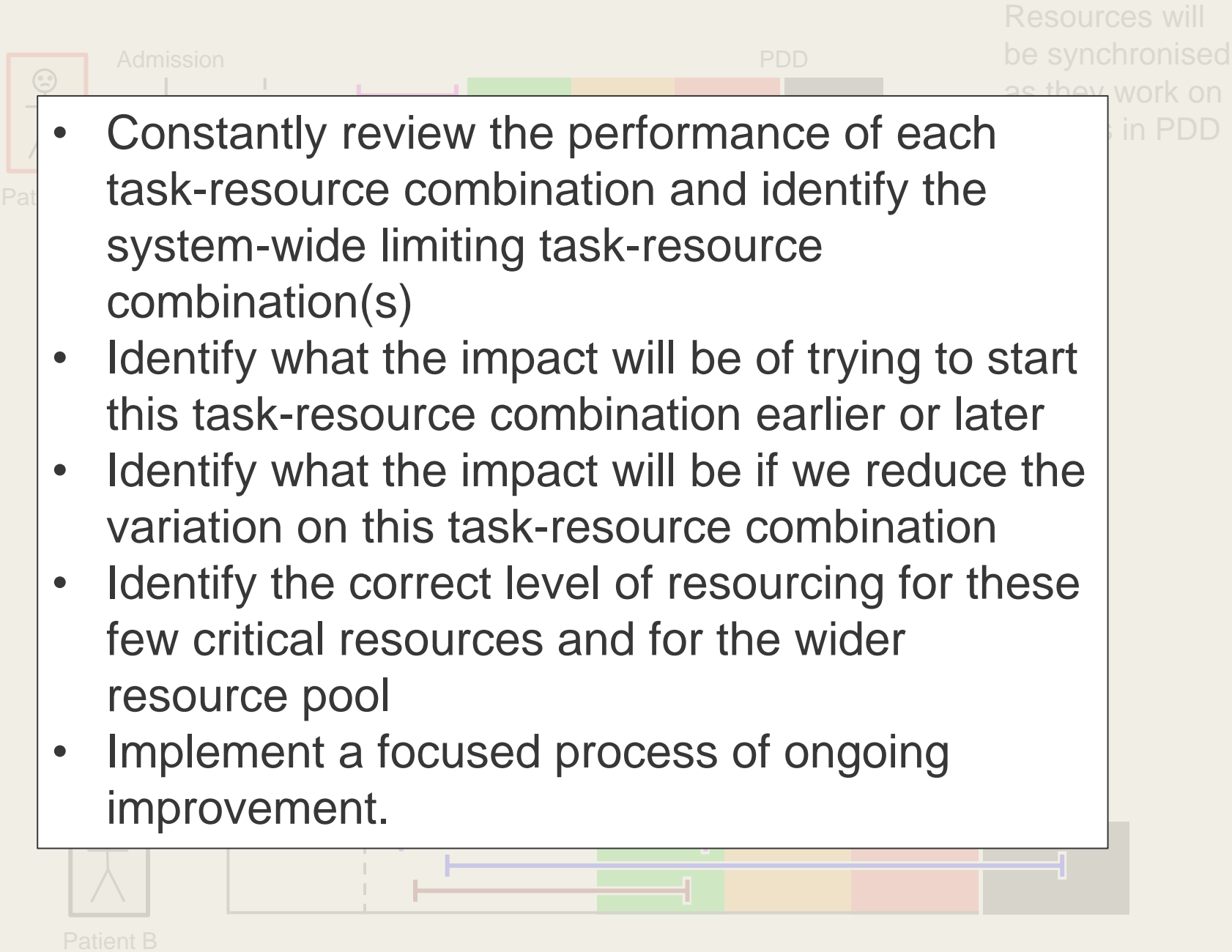


Patient D



Patient E

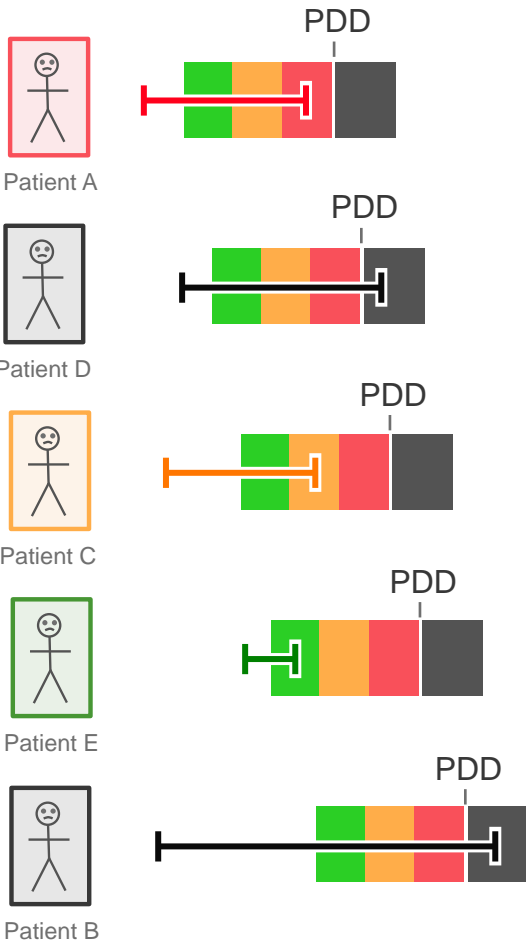


- 
- Constantly review the performance of each task-resource combination and identify the system-wide limiting task-resource combination(s)
 - Identify what the impact will be of trying to start this task-resource combination earlier or later
 - Identify what the impact will be if we reduce the variation on this task-resource combination
 - Identify the correct level of resourcing for these few critical resources and for the wider resource pool
 - Implement a focused process of ongoing improvement.

The primary objective is to improve patient flow through all pathways simultaneously

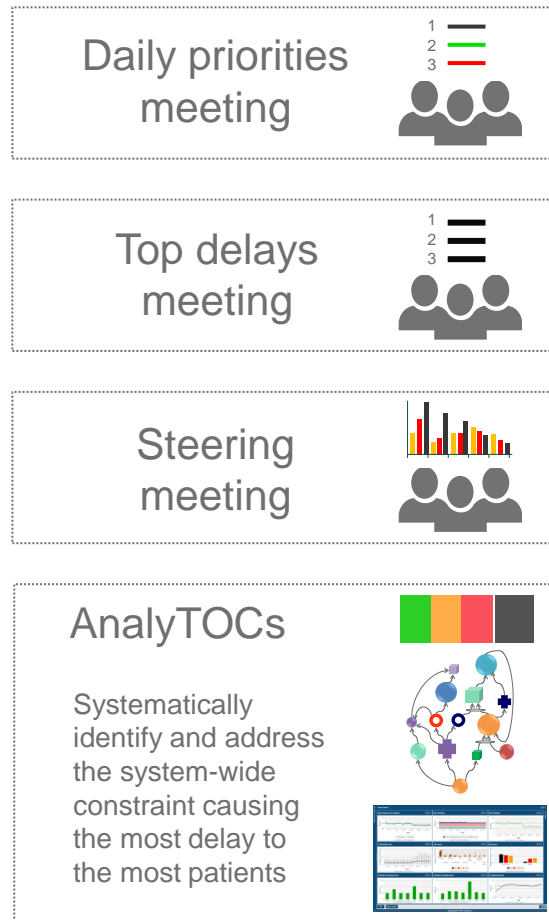
A patient-centred, clinically led approach

Of all the patients I could work on next, which one should I work on next?



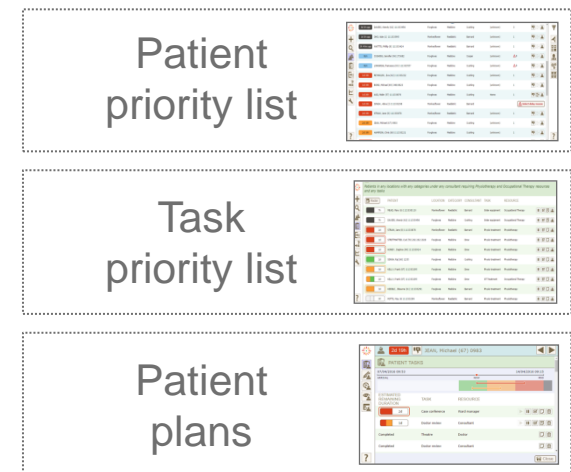
A focused process of ongoing improvement

Of all the things I could improve, which one should I improve first?



Removing local measures of optimisation

Without removing these measures, local optimisation will continue to disrupt patient flow and stagnate the process of ongoing improvement.



- ✗ Mis-synchronisation
- ✗ Bad multitasking
- ✗ Parkinson's Law
- ✗ Student Syndrome
- ✗ Local efficiency
- ✗ Batching
- ✗ Cherry-picking

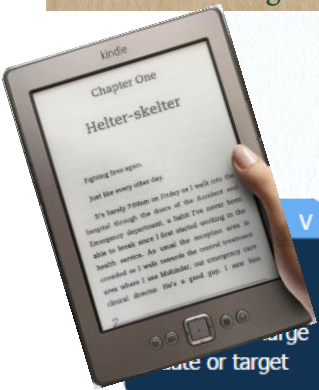
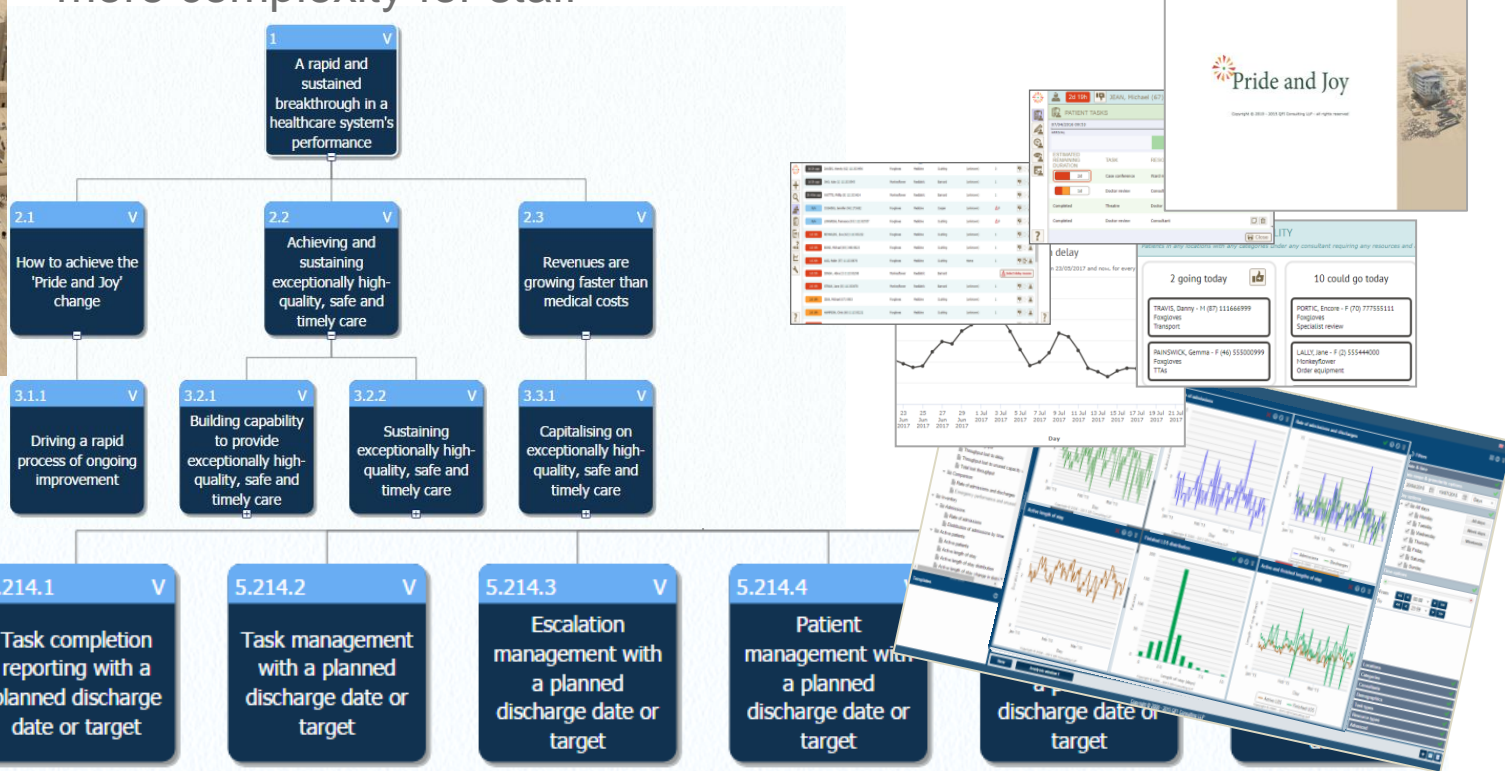


Error #4: Misunderstanding of throughput

Scenario	Revenue (£m per year)	Total variable costs (£m per year)	Throughput (£m per year)	Operating expenses (£m per year)	Profit (£m per year)
<ul style="list-style-type: none"> Explaining the connection between a reduction in length of stay and the finances is key. The direct impact of eliminating unnecessary expenses and delivering improved service levels is clear. However, the indirect impact on freeing up capacity to increase the number of patients treated without any further addition to operating expenses is much greater. Higher quality, safer and more timely care can be achieved while simultaneously transforming the finances of the health and social care system. Asset utilization can be dramatically improved. 					



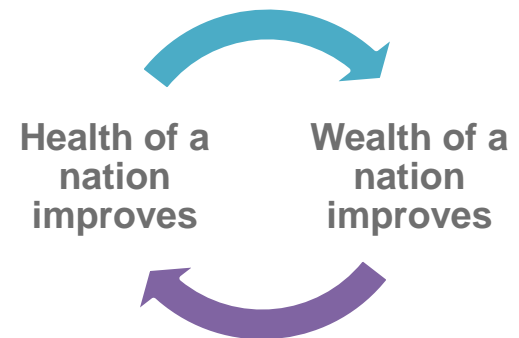
Improving patient flow and simultaneously improving the quality, safety, timeliness and affordability of patient care without creating more complexity for staff



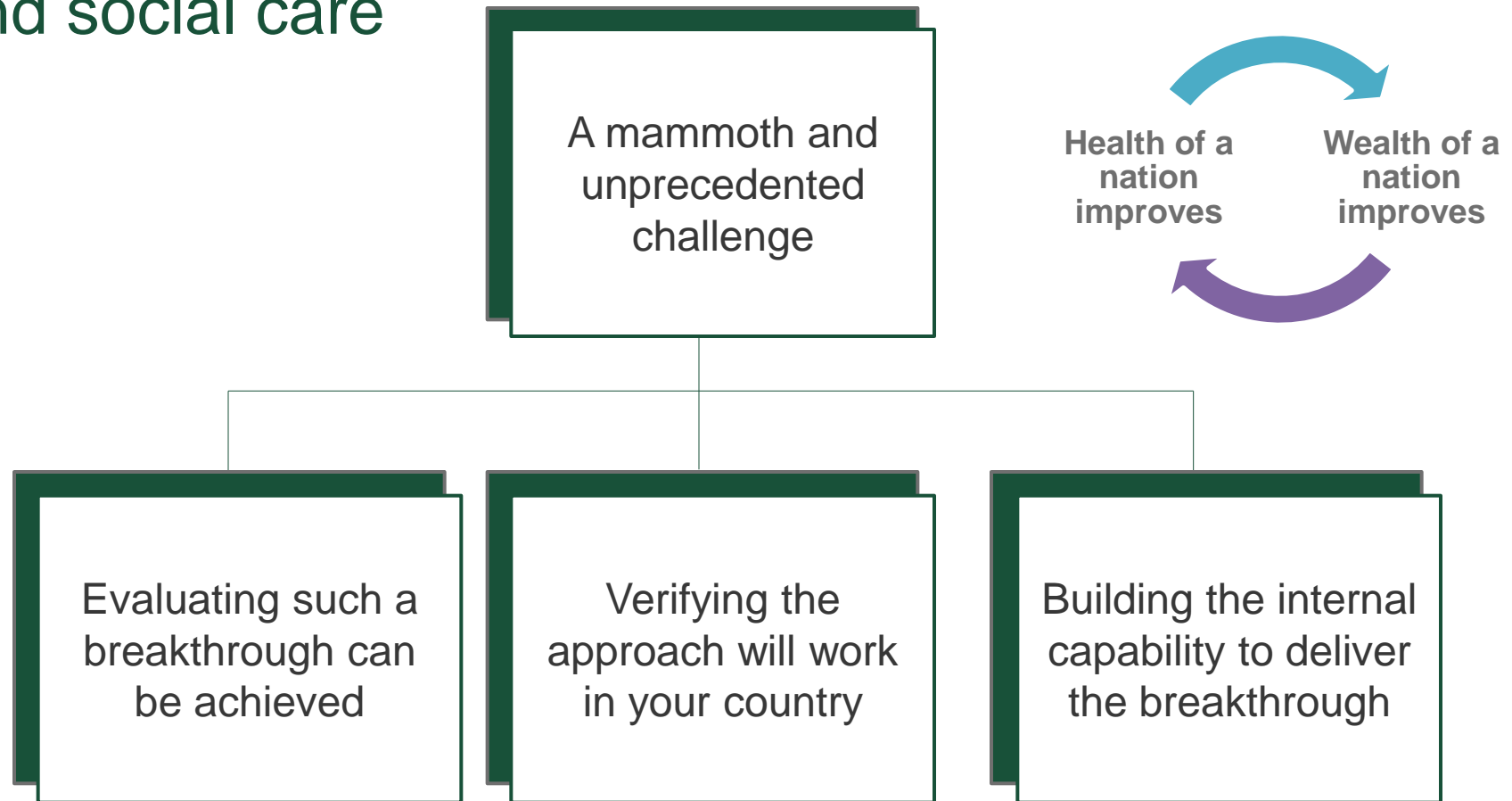
Telefónica UK is delighted to be introducing the Pride and Joy approach to its healthcare customers in the UK. After reading the book and seeing the full solution for myself I am excited to be working with Alex and his team to deliver a true breakthrough in performance for our clients. Alex Walter, Managing Partner, Healthcare, Telefónica UK Ltd



A final question: Is it impossible or far too risky to attempt to rapidly and painlessly transform the health and social care system of a nation?



Transforming the health of a nation: a breakthrough in the quality, safety, timeliness and affordability of health and social care



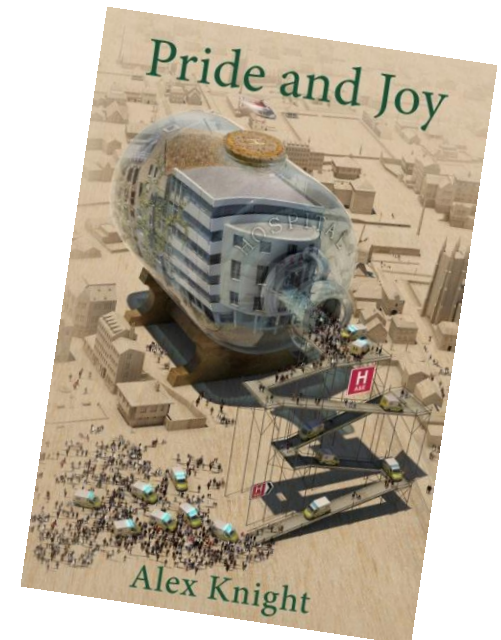
Conclusions

- The apparent complexity of your health and social care systems can be overcome and a breakthrough in performance can be achieved in a remarkably short timescale.
- Rather than being seen as a drain on a country's GDP the health and social care system can deliver quality, safe, timely and affordable care for a nation.
- The sky is not the limit – health and social care can become a decisive competitive edge for a nation and become a major contributor to a nation's GDP.



Thank you

*This is a must read for politicians,
policy makers, clinicians and managers.
It tells the story of how healthcare
systems can be managed in a
sustainable way with the patient at the
centre of decision making.*
Dr Mike Williams



A mammoth and unprecedented challenge

STRATEGY Achieve a breakthrough in the quality, safety, timeliness and affordability of care with absolutely no risk of deterioration in the provision of health and social care during any change.

TACTIC Have a logical and evidence-based approach that offers all parties the opportunity to examine how such a vision could be realistic. This must be supported by a process to firstly evaluate, then verify and finally agree whether or not it can be achieved.



Evaluating such a breakthrough can be achieved

STRATEGY Stakeholders believe there is a real chance to safely transform the health and social care system of their nation

TACTIC My presentation to you today and the workshop tomorrow which will provide greater detail on the approach.



Verifying the approach will work in your country

STRATEGY All stakeholders believe the approach is not just valid but has been verified to check the approach will deliver the claimed results in all sections of the health and social care system.

TACTIC Design and run a controlled set of experiments that systematically verify all the key elements of the vision for all the different health and social care settings without presenting any risk to the healthcare system and be relative inexpensive to conduct.

Carefully guide these experiments to ensure they are successfully executed and that the results do verify the main elements of the vision.



Building the internal capability to deliver the breakthrough

STRATEGY The chosen cadre of leaders have a deep understanding of the Pride and Joy vision and how to make it realistic. They understand they have been chosen to lead the pilots on behalf of the nation.

TACTIC Goldratt Consulting and the Pride and Joy team have developed the four key ingredients, namely:

- Use the book, Pride and Joy, to seed a deeper understanding across all stakeholders.
- Train the chosen cadre of leaders in the Pride and Joy Strategy and Tactics tree and mentor them through the pilots.
- Use the Pride and Joy software to guide and audit the pilot implementations to ensure a breakthrough is achieved in a rapid timescale.
- Cascade the approach both within and across the health and social care system.

